Introduction to Chronic Illness and Fasting

Hi, everyone. This is Dr. Joseph Antoun, your host for the Fasting and Longevity Summit. It is my pleasure. And this episode a very interesting episode Is it about chronic conditions and fasting and longevity?

It's my pleasure to host Dr. Eric Gordon, who spent decades of his life looking at how we can help patients with chronic conditions. And it's going to be very interesting talks for everyone that has Lyme disease.

Chronic inflammation is long hole after COVID. This is the episode you want to listen to and see how you can deal with it and then how fast it can help you with it.

So with no fear that I do. Dr. Eric, welcome to this episode, and I would love for you to say a few words about yourself. Thank you. Thank you, Dr. Antoun. It's a pleasure.

Yes. And see, I've been practicing medicine for 23 years now and counting, and I've been always interested in people who stay ill. And we don't know why.

You know, I think it was basically early on in my career, I always believed the patient, you know, I, I tried to to minimize the eye rolling that, oh, my God, this can't be true, you know?

And because if you listen to people, most people are trying to really tell you what's happening with them and they really want to get better. You know, I think the our training in ERs has often, you know, give us a wrong view because, you know, they're we we do see people who are trying to play the system or game the system or this or that.

But that's not who comes to your office generally, you know, and and we have to remember that. So anyways, I started. With psychological depression, right?

That comes fatigue. I'm feeling down all the times like, yeah, I take an antidepressant or Yeah. Yeah, yeah. That is the, the knee jerk response to in medicine to what we don't understand if it doesn't make sense if to the diagnose if the complaints or symptoms are not ones we're comfortable with or we've heard a lot or we have the right diagnosed diagnostic boxscore and your tests are, you know, the basic tests, the blood count and the chemistries that she makes sure your liver and kidneys are are, you know, are keeping you alive.

If those are normal, you're normal. And, you know, without any pain, any attention to looking deeper and realizing that if you look below on, you know, just look under the hood, you find all these inflammatory markers, all these signs that the immune system is out of balance.

Okay, these are all happening. And but as a doctor, unfortunately, we're often trained to just like, you know, move on to the next patient, especially in the last 20 or 30 years of medicine, which I won't get into.

But there was a time doctors didn't practice like this. There was a time that you actually had time to talk to your doctor. And, you know, in order to treat chronic illness, you have to make that time because your complaints, you know, you're describing what's happening in your body, you know, and that takes time and it's subtle.

Listening to Patients and Looking Deeper

And once you've been chronically ill, you usually have symptoms across multiple organs. So that's what what has to be taken into account. And what frustrates most patients is you end up being sent, you know, you have rapid heart rate for no obvious reason.

So they're saying to the cardiologist, and, you know, if you're lucky, you'll get a diagnosis of something like orthostatic hypotension or potts the postural orthostatic tachycardia, you know.

But, you know, and then I'll give you a Band-Aid, which is good. They'll give you something to see. Your heart doesn't race when you stand up, but they're done.

But if you also have migraines and you also have irritable bowel at the same time, and you also have burning pains in your legs, you know, you go to a special and the other specials have even less to offer.

I was I didn't realize I started with a good example. The cardiologist at least have something that will help your symptoms. So it's, you know, you need doctors and there's more and more of them out there who actually want to look at what's happening with your whole body.

You know, and what's exciting is that they're beginning to learn, you know, to put all the pieces together. And, you know, a lot of a lot of doctors starting with nutrition as a place to start.

And, as you know, as people who've experienced prolonged or experienced fasting in any way, you can see how important nutrition is the right nutrition.

And yeah, and I think in a way fasting is still nutrition because it's you're still feeding your cells, but you're just kind of not doing the chewing the.

So these are all things that have to be taken into account when we're looking at chronic illness. And, you know, so I'm going to rambling, but that's how we work.

We kind of think about the whole a lot of people say we think about the whole person, but we think about all the possible subset disease categories because that and that's the things that you can have when you have, you know, multiple or multiple systems are making noise, meaning you've got migraines, you've got reflux, you've got, you know, gerd you know, you've got irritable bowel, you have a little interstitial cystitis.

When you get stressed, you know, you have all these things. It's easy to think that you've got six different diseases and well, you may, you know, but you may just have mast cell but you probably have something else irritating them.

So the question is, how do you put all these things together? I think that that's what happens because there are so many different possibilities now, you know, as people talk about, you know, you can have mycotoxin problems, small problems, Lyme problems, Epstein-Barr reactivation, you know, long COVID and long hand is really probably reactivation of all the things we mentioned, as well as just the reaction to the spike protein itself is setting off your immune system.

So you've got this. Yeah. So it's, you know what? So it's nice to have a way of looking at the immune function to try to understand this all and I and I'm the model that I have found is something called the cell danger response.

Okay. Because it's a way to it. This is not a thing in itself. It's a story about how the body reacts, you know, to stress and to life, how you how you preserve life.

So because many people ask me, is that the cell danger response? And the answer is everything is okay, but it would the usefulness of the model it was a was developed for or first, you know, really put in to its present form by Dr.

Robert Naviaux. He's a researcher, a specialist in mitochondria disease diseases and metabolic diseases at University of San Diego. And it puts the mitochondria first, which is always funny because everybody has their favorite organ or organelle, you know.

But and remember, life is a circle. So we're just we're I don't want to be arguing is the term mitochondria is the most important thing or is it the endoplasmic reticulum or pick your little organelle but in Dr.

Naviaux' worldview it's the mitochondria and we always think of the mitochondria as something that produces energy and that's how everybody thinks about it, that mitochondria is going to be there for it.

But it also senses whether you have a no, it's constantly sensing how much oxygen, how much nutrients, how many, how much nutrients are in the cell and.

Okay. And it it also controls it signals your body if there's danger. And I think one of the we use the word danger, and it's just means that there's some there's some change in the environment.

You should pay attention to it. Okay. Because like, you know, when you see when we go out will go through the world, we don't you know, we get a ton of input.

Cell Danger Response and Mitochondrial Signaling

But there are some things we remember like the like when you grow up, you got to remember that the cars you got to pay attention to the cars in the road, you know, and that happened because you had a little bit of ATP release from a cell at the same time your dopamine went off somewhere.

That said that something to pay attention to now. Okay, so that's danger. I mean, it's not very dangerous in itself, but, you know, we always talk about when the light you see you see the light and, you know, pay attention.

But it's just anything that you need to remember. Your cell signal. And they use ATP as a signaling molecule. And I think that's what's so important and that's what ties into this whole because, you know, the whole minute we always think about our nutrition and our thing is, is making ATP what we want to make the ATP because we think it's in the but it's also signaling so inside your cell the mind of the ATP is a source of easy to use electrons.

So it's energy. But outside the cell it works as a signaling molecule, sort of like people. Well, like a hormone, but not quite, but you know, like a cytokine people these days are very it's a signal.

It's a way to to make the immune cells pay attention and the neighboring cells pay attention. So when the mitochondria sense that they're not getting what they need, they kind of turn off that at the large amount of reduction for inside the cell.

And they still make some, but they put it outside the cell and that causes inflammation. That's CDR 1 that's signaling the cells around you that there's something wrong.

So think of it. The simplest thing is a virus. Virus gets in cell notices, it starts to turn down its energy production. So the virus doesn't get a lot of raw materials to make more virus with.

Okay, kind of starving the cell and then the outside sees a little ATP and it signals your immune system to start up. Okay, you start inflammation. Now, that's great.

The problem is if you don't turn that off, okay, you're going to have problems because that cell is now just depending on burning glucose. And here's where we tied it in with fasting.

Okay, is because that first stage in KDR, you're only you're dependent on sugar and glucose, you know, for energy. And that's why the people and people who are crying, some people who chronic illness don't respond well to that same.

Most people with the chronic illnesses of the chronic illnesses that don't need to see me. Okay. Things like like you mentioned the diabetes, the height, the high blood pressure, the, you know, the coronary artery disease, you know, of early dementia, you know, those kind of those kind of illnesses that have been brewing over decades.

They have chronic inflammation, except but most of the time it's only a few cells and they're in different stages of the KDR. They're not mostly stuck in this first stage is first stage inflammatory.

The second stage is when you're replenishing your height, the cells are rebuilding themselves. And the third stage is when they're restoring cellular communication.

So the cells listen to hormones again. Okay, so but they're CCR one, two and three. And I don't want to go into too much detail about the rest of them.

Maybe we will as we go. But the important thing is this most of the diseases of civilization, the cells are stuck in mostly KDR two and three, which produce things like diabetes, cancers, you know, because they're in KDR two, there's too many cells that are still there continuing to grow.

Okay, they're they're they're they're making a little bit of ATP are still kind of dependent on sugar. But these are the guys that when you do a little fasting, you're going to get the biggest bang for your buck. Okay.

Because these are the ones that have to do with the proliferative kind of things like diabetes, where you putting on a lot of weight or depositing lots of inflammatory chemicals and cholesterol in your blood vessels.

You know, the these are the cells are replicating and growing and we'd like them to stop. Okay. Because each step a along this cell danger response. The reason we get into problems with disease is because the system doesn't get the all clear signal.

It doesn't turn off like it should. And the final all clear signal comes from, well, I'm not sure if it's the brain. It might be we might be putting the brain too high.

It's probably coming from the heart, but it's coming from that combination to know that you're safe, okay? That life is safe. And I think that's one of the reasons we have so much chronic illness, despite, you know, we've got the garbage that we eat and the environment, but we also have the chronic stress, which is not letting us not many of us really have the time to sit and listen to what our body really means to find our own joy.

We're often, I mean, myself included, often on the treadmill of life, of being busy, busy, busy, busy. And then when you have something, when you have an illness, it's harder to find that place in you that knows that it's safe, that you don't have to keep running, you know?

So I'm going to shut up for a minute because I think I've been talking way too long and. Want to to show the stages and the stages of the cell of response to distress, but also the stages that respond or not typically to fasting or other interventions.

But if I'm putting myself in the shoes of, say, a patient or a person that knows somebody or themself are suffering, say, from a post COVID long haul or from a Lyme disease or others, what you typically see with those patients, what would you typically do for them?

How can you help them? And then finally, how fast them can come in and help them as well. Tying it all up for, you know, for for for the summit and the people interested in the concept here.

Yeah. Well, you know anytime we see people with long COVID is probably the cleaner example because it's still though it's long COVID, you know, people usually know the event, whether it was, you know, infection or vaccine injury, something happened.

And all of a sudden my body's not doing what it used to do. But what you know, there is a subset of them that might be due to excessive, you know, hyper coagulation.

And whether there is persistent of micro clots that that are abnormal and don't break down like they're supposed to. And that's one subset. But most of the people we see really had issues before, which is the same thing that happens with Lyme.

And I think it's it's just like when you show up to the doctor with diabetes, you didn't get diabetes yesterday. You

know, it's been going on or, you know, or heart disease even more, you know.

I mean, like you show up at 55 or 60 with a little bit of chest pain. Well, that atheroma and chronic inflammation has been probably going since you were 20.

You know, so it's always looking back, you know, the people I you know, if you got Lyme disease or long COVID and you know you for Lyme let's say you go and somebody treats you with antibiotics and you get better, then that's wonderful.

And I think that's what happens to most people. It's like most people just like with Long-Covid, a lot of people don't do anything and 6 to 12 months later they're better because we are a self healing organism and we can unwind these things when I'm when I, when I see people who have for a long time have tried some basic treatment regimens and failed or the same thing with the long-covid.

They've tried a bunch of stuff and their symptoms aren't changing. Then it's going back underneath the hood to see what's going on. You know, the usefulness of the cell danger response is is just in that is not blaming the mitochondria.

Okay. I don't think I made that clear. Is that the mitochondria in the CCR one, two and three go through times, especially in the one and two, when they're not producing the energy that your body's used to. Okay.

How Chronic Disease Patterns Develop

So you're going to be fatigued or dependent on constant glucose intake, which makes you feel crappy for other reasons. And so we often thought of that as the mitochondria were sick.

And I think that's the important part of this is using they're not sick and they're they're just doing what they're supposed to be doing. Okay? They're they're seeing danger and they're changing how they function to protect you.

The problem is they don't go back to what we like to think is their more useful state producing us, producing energy for us. And why this is important is because a lot of the people I see have already tried the mitochondrial supplements, you know, the mitochondrial cocktails, and and sometimes they'll get a little benefit, but many times they don't get much at all.

And that's just because, you know, like the saying goes, you can lead a horse to water, but you can't make the drink. The mitochondria, they're they're not they're not they're they're not you're not getting the raw materials to the electron transport chain to get that electronic transport chain to work, you know.

And so giving it more Coke, you tend doesn't make it work faster or better. So just understanding this, you know, keep trying to push on the things that are moving and you, you know you know that the coke you ten as that begins to recover.

Okay when you when you removed maybe the four lime if you did able to like, you know, like lower the load of the beryllium, perhaps get rid of it completely, you know, and now the, the those cells are no longer that inflamed.

Then the coke you ten can really help in the repair process because at that time we need it to help grow new cells. And so having a little extra oomph doesn't hurt.

And it's the same thing with using fasting to help these people. If people are really stuck in this inflammatory phase, this first phase of the KDR, which will see with long COVID sometimes or with chronic fatigue, you know, not so much with diabetes and hypertension, those people tend to be stuck in the second phase.

And in those places when you go when you do, when you fast or use something that produces a lot of ketones, you know, it can encourage the completion of the cycle, you know.

Okay. Because, but in that first stage, if you deprive them of glucose, they just feel worse, you know, and that's easy to see. You figure that out pretty quick.

You know, you try to you try to get on that really healthy diet that has almost no sugars in it, no really low carb diet. And you feel terrible. Now, if you feel terrible for a few hours, you probably push through it.

But if you still feel terrible the next day and you know, and you're really bad, you're not ready for it. You have to first fix what the chronic with the with the inflammatory damage is is happening whether that's from activated reactivated virus or you know Lyme bartonella ABC kick your bug something has something more has to be done and that's what we've been trying to teach.

I mean, you know, because one of the frustrating things is that the world of treating chronic illness is broken up into people who treat chronic fatigue, people who treat chronic Lyme.

And you've got your mass experts. Part of me have an acute illness on Fridays so you know, so you got Lyme, you know, mold, mycotoxins, mass cells, chronic fatigue, you know, it's is endless and people get really good at treating these things, but you don't have to be good at everything what keep but you put I but I've been trying to talk when I talk to the groups that specialize in these things trying to get them to remember that if what you're doing isn't working, think about these other possibilities as contributing.

Because my experience, our experience in our clinic is that by the time we see people that have they don't have Lyme, just Lyme, they've got a little bit of all this stuff because and all oh and that's the other be all of this stuff sits on top of the big turtle that's the environmental stressors.

Okay because the last 40 years, I mean when I was in training a kid with inflammatory bowel disease, I don't remember ever seeing one, you know, I mean, like a, you know, even a kid with a somebody under 20 without type two diabetes.

I mean, we just didn't see them. Yeah. Yeah. And now that remnant. And it's the external and internal environment, meaning the toxins that are inducing leaky gut that is behind a lot of what you're describing in terms of that chronic inflammation and inducing a lot of underlying autoimmune diseases that some of them are subtle, right?

You go to your doctor and they say, well, and there's a look like you have a full autoimmune, but we don't know what it is and you're feeling fatigued.

And this is where you get qualified as fibromyalgia or depressive, you know, and and that's the problem. Yeah, fibromyalgia. I don't even want to talk.

I mean, I remember when fibromyalgia I thought was kind of useful, and it still is. But I've had patients, I just had one. I mean, literally, he went to the head, I won't say which university.

And he he had nothing that suggested fibromyalgia, but he had a an arthritic and arthralgia with even bony changes that. But they didn't add up to any.

He didn't have antibodies to the right to anything. And the guy told me he had fibromyalgia and I was not so pleased. When you get that diagnosis, really hold it gently and fact hold all the diagnoses gently.

Don't fall in love with the labels. Okay? Because remember, as we say, you might have bits of many things. I mean, when we did a paper with Dr. Naviaux, that's I always say Doctor, Your novel, you wrote the paper.

I supplied the patients. You know, he had the brains, I had the people. But we did a non metabolomics meaning like the metabolites with it and and chronic fatigue because we try to find marker for chronic fatigue because that's one of the big problems with chronic fatigue is we don't have a lot to like i, i because I know a chronic fatigue patient when I see one, but you know, it, it's hard to, to be sure.

And, but a bunch of the patients were people that we had treated successfully for line okay and they got rid of all the pain but the body pains, all the arthralgia is over.

Using Fasting and Ketosis in Recovery

But they still had the post exertional malaise. The thing that to me that you know like when they overdid it for a few hours, they were down the next day when they thought too much, they were down the next.

I mean, to me that's the syncline that's the sign of chronic fatigue. You know, the rest is window dressing. But anyway, it's, it's it people have a lot of stuff and we get away with it, okay?

We don't have to fix everything. That's the other important thing. It's really nice to do your best to get healthy. But, you know, most people walking around are far from healthy.

But you just have to get yourself back up a little bit and hopefully you'll get to a more virtuous cycle of reinforcing health. The better you feel, the better choices you tend to make in life.

The more you move physically, the more times you're out in the sun, the more times you touch the earth to help you, the better you're going to feel. And when you're bedbound, it's I'm happy.

Just drag yourself out and sit in the dirt if you can. I mean, which is really hard, because unfortunately, just the way I said, our cells protect us, our brain when we get sick, the tendency towards anxiety and OCD tends to go up. So many of us have mild OCD or anxious tendencies, but when you get sick, it's like feeding.

It's like you're feed them and they become intense. And I just always just take people to, like, trying to put down some of the germ phobia stuff because we grew.

We your you're full of them. We grew up with them. We co-evolved with them. In fact, you know, there are many people who believe that some of our genes are chronic diseases today, or because we didn't get exposed to the right parasites or the right viruses when we were developed, when we were young, you know, I mean, like there's a wonderful book somebody wrote.

What was the the oh was a disease of absence or something. But he's writing about the fact that we should have been we should have been exposed to several lots of different parasites in that first year of life that now in our antiseptic world, we don't see.

And what we find when they get into us, when we're in our twenties and thirties, they still press buttons on the on our immune system. But those buttons that they should have press one, your one and your immune system was developing.

Now don't hit the right note and don't get into this chronic inflammatory response to them, where instead of living with them and it's like that I think with Lyme also, I'm not sure.

I think all a lot of these you just look at them, you know, I mean EBV, Epstein-Barr virus, it co-evolved with us. I mean, God, we co-evolved with all those that retroviral information that's in our DNA didn't get there by accident.

Who knows? We probably needed that stuff and we still need that information. So a clean environment, a sterile environment is not a prescription for health.

So get in the dirt, okay? It will help you and you. Live in the microbiome as well. That's the other that's the other environment that we need from plant based diets and reinventing.

And so that protects our guts and lining in. And I wanted to do two things. I wanted to address fasting. And you mentioned the stages within the cell response to stress.

You mentioned multiple chronic settings and how they're symptomatic and asymptomatic sometimes. And the approach to those. Do you use fasting in your in your approach sometimes for for these conditions?

And what could be the benefit of doing that? I use fasting and I and, you know, ketogenic diets at times in people. But I said in the usual usually well what's happened over the last 20 years is that the funnel of sicker and sicker people, you know, when you start this, you see the at this point, most of the people I've seen have tried some element of fasting and if it worked for them, they continue to use it intermittently.

And if not, you know, they're not going near it because it was really difficult. It didn't because they said it's it's it's at the right times. But fasting as people recover, I think fasting is amazing.

You know, and it's what we're trying to do is clean up the information flow in the body. Okay. I mean, that's if you I mean, people are using plasmapheresis, you know, to like to try to live longer.

And basically what you're doing is you just like you're transiently lowering the information garbage load, okay, of what's been in your body. And it's amazing how the system can begin to do better with which, you know, these short you would think this would be such a short lived change in the information you know when you when the two plasma for use is you 123 maybe five and putting it last.

And so what fasting is your way of doing this without spending $25,000. Yeah I mean when you fast you are giving your body a chance to really break down the garbage and to clean house.

Now that is the problem. I don't do a lot of it with my patients because cleaning house is what you can't do when there's not enough energy. You know, I always say when you're when you're sick, you're not you know, the house doesn't you know, you don't put everything away.

The dishes kind of pile up in the sink was the same thing. When you're really sick, your body is storing lots of garbage in your house. And that's why our patients are so puffy, often, you know, interstitial, like they get body work and people go on, feels clunky in there.

It's because when there's not enough energy, you just store it. And when you fast, you're giving yourself a chance first to clean out your own cells and then you clean out the spaces between the cells, you know.

So it's I think it's one of the signs. It's like springtime, you know. I mean, like the fast is the winter.

Root Causes, Healing Cycles, and Closing Remarks

But in my patients I look at is that when springtime hits, when they start to see the return of vitality, that's when the intermittent fasting really will continue that healing and let the body clean up on.

And I think if people don't feel well when they fast, one of the things or even even using you know prolonged most of the time that does it that lets people do the fast without the bad feelings but when they are having problems, I'm a big proponent of the right types of body work.

Okay. And I say right. Because every type is right, it depends on you. But, you know, I really think, you know, good cranial work, good attention to drainage of of, you know, because we all we live in this world where we're in front of screens and that neck wants to come forward.

And it, you know, the whole world. We don't let the lymphatics work well. And, you know, when you're trying to think clearly, if your brain isn't draining and we forget that, you know, they tell you that people talk about the lymphatics, but it's the deep lymph system in the neck and that gets crunched down really easily because it's a low pressure system.

A little bit of this can go a long way to make sure nothing's draining it. Okay. So and that's and so if you get those headaches and that full feeling when you're when you're fasting, get some bodywork, get is opened up and you

might find that it's not the fasting, it's just that you're not getting rid of the garbage.

So I am a great lover of it at the right times. Will appreciate you very, very much for all this wisdom. I wasn't aware of a lot of things you talked about today, especially in the city are, you know, scored and appreciate your wealth of information on this important topic.

I feel this is relevant for people who typically gets left out of the tradition of public medicine and they can come and find people like you who can holistically look at them and make sure that when they send all the not just the symptoms but the root cause and try to intervene in the root cause and help them and ending traumatizing their selves and their impact to deal with it, which creates a lot of the breeze and organelles and inflammation and which then get systematic and then they feel down.

And once we tackle the root cause of all, this is how you unleash that rejuvenation this spring that you called it. So when I thank you for all this wisdom today and and we'll hopefully to to do another session with you where we can deep dove or dig deeper into into some of the conditions and how patients can approach those.

But I thank you. Thank you very much. And I remind people that it's not root cause, it's root causes is because I you know, there's a lot of focus on root cause.

And when it's chronic, it's you're in interaction with your environment and that's been going on for your whole life. So there's lots of things that have pushed you in the wrong directions and, you know, again, you don't have to fix them all, you just have to get it so that you're beginning to be on the healing cycle against the, you know, inflammatory cycle.

Anyway. So thank you so much. And I, I must say, I in preparation, I listen to some of your talks and I really I was so impressed with the work that you do and I'm honored to be here.

Will get you to use ProLon as well because I, I hear from we have over 15,000 clinics now recommending that I get a lot of calls about a lot of, you know, states that you mentioned and doctors can be happy to help their patients with it. But appreciate you very much for today and we'll see you soon.

Thank you.